

VIA FACSIMILE: 1-571-273-8300

RECEIVED  
CENTRAL FAX CENTER  
OCT 02 2007

Atty. Docket No. EIAS-001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. : 10/734,397  
Applicants : Robert Daniel Guichard et al.  
Examiner : Sy D. Luu  
Art Unit : 2174  
Filing Date : December 12, 2003  
Confirmation No. : 4350  
For : ELECTRONIC INFORMATION ACCESS SYSTEMS,  
METHODS FOR CREATION AND RELATED  
COMMERCIAL MODELS

Mail Stop Amendment  
Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

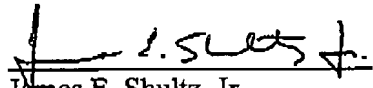
CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being transmitted by facsimile to the United States Patent and Trademark Office on the date shown below:

1. Request for Reconsideration
2. Claims As Amended Form

YOU SHOULD RECEIVE A TOTAL OF 18 PAGES.

October 2, 2007  
Date

  
James E. Shultz Jr.  
16656 Pine Dunes Court  
Grand Haven, Michigan 49417  
Telephone: 616.884.5609

Attorney Docket No. EIAS 001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICERECEIVED  
CENTRAL FAX CENTER

OCT 02 2007

Appln. No. : 10/734,397  
 Applicants : Robert Daniel Guichard et al.  
 Examiner : Sy D. Luu  
 Art Unit : 2174  
 Filing Date : December 12, 2003  
 Confirmation No. : 4350  
 For : ELECTRONIC INFORMATION ACCESS SYSTEMS,  
 METHODS FOR CREATION AND RELATED  
 COMMERCIAL MODELS

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is a Request for Reconsideration in the above-identified application.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	*73	Minus	**73	=00	x \$25	\$00	x \$50	\$00
Independent Claims	*07	Minus	**07	=00	x \$100	\$00	x \$200	\$00
First Presentation of Multiple Dependent Claims					x \$180	\$00	x \$360	\$00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$00		\$00

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

*Attorney Docket No. ELAS 001*

\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

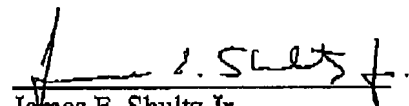
\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. ☐ Small entity status of this application 37 CFR §§ 1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. ☒ No additional fee is required.
3. ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
4. ☐ Charge \$\_\_\_\_\_ to Deposit Account 07-1070.

Respectfully submitted,

Date: October 2, 2007

  
James E. Shultz Jr.  
16656 Pine Dunes Court  
Grand Haven, Michigan 49417  
(616) 844-5609

RECEIVED  
CENTRAL FAX CENTER

OCT 02 2007

Atty. Docket No. EIAS-001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. : 10/734,397  
Applicants : Robert Daniel Guichard et al.  
Examiner : Sy D. Luu  
Art Unit : 2174  
Filing Date : December 12, 2003  
Confirmation No. : 4350  
For : ELECTRONIC INFORMATION ACCESS SYSTEMS,  
METHODS FOR CREATION AND RELATED  
COMMERCIAL MODELS

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

Sir:

REQUEST FOR RECONSIDERATION

In response to the Office Action mailed July 3, 2007 regarding the above captioned patent application, the Applicant respectfully request that the above-identified patent application be reconsidered in light of the following remarks.